

# 2011 Benefit Costs for Part-time Transit Operators



**King County**

Benefits, Payroll and  
Retirement Operations

Part-time transit operators may pay for medical, dental and vision coverage. If you purchase medical coverage, you receive county-paid basic life insurance, basic accidental death and dismemberment (AD&D) insurance and basic long-term disability (LTD) insurance and may also purchase dental coverage and supplemental life insurance, supplemental AD&D insurance and supplemental LTD insurance. You may purchase vision coverage without purchasing medical insurance. The 2011 rates for this coverage are shown below.

## Medical

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
<b>KingCare<sup>SM</sup> Gold</b>				
2011 (\$462.02 paid by county)	\$ 250.48	\$ 936.56	\$ 799.15	\$ 1,485.23
2010 (\$435.53 paid by county)	\$ 192.96	\$ 768.88	\$ 653.70	\$ 1,229.62
<b>KingCare<sup>SM</sup> Silver</b>				
2011 (\$421.94 paid by county)	\$ 250.48	\$ 936.56	\$ 799.15	\$ 1,485.23
2010 (\$400.49 paid by county)	\$ 192.96	\$ 768.88	\$ 653.70	\$ 1,229.62
<b>KingCare<sup>SM</sup> Bronze</b>				
2011 (\$388.55 paid by county)	\$ 250.48	\$ 936.56	\$ 799.15	\$ 1,485.23
2010 (\$371.29 paid by county)	\$ 192.96	\$ 768.88	\$ 653.70	\$ 1,229.62
<b>SmartCare Connect Gold</b>				
2011 (\$370.91 paid by county)	\$ 91.06	\$ 470.10	\$ 394.29	\$ 773.33
2010 (\$437.73 paid by county)	\$ 106.86	\$ 567.05	\$ 475.01	\$ 935.20
<b>SmartCare Connect Silver</b>				
2011 (\$347.77 paid by county)	\$ 91.06	\$ 470.10	\$ 394.29	\$ 773.33
2010 (\$405.51 paid by county)	\$ 106.86	\$ 567.05	\$ 475.01	\$ 935.20
<b>SmartCare Connect Bronze</b>				
2011 (\$328.48 paid by county)	\$ 91.06	\$ 470.10	\$ 394.29	\$ 773.33
2010 (\$376.86 paid by county)	\$ 106.86	\$ 567.05	\$ 475.01	\$ 935.20

## Dental

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
<b>Washington Dental Service</b>				
2011 (\$36.20 paid by county)	\$ 36.20	\$ 101.73	\$ 88.62	\$ 154.15
2010 (\$31.20 paid by county)	\$ 31.19	\$ 86.71	\$ 75.61	\$ 131.13

## Vision

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
<b>Vision Service Plan</b>				
2011 (\$5.83 paid by county)	\$ 5.83	\$ 15.89	\$ 13.88	\$ 23.94
2010 (\$5.68 paid by county)	\$ 5.68	\$ 15.54	\$ 13.57	\$ 23.43

## Supplemental life insurance

Age	Monthly cost per \$25,000 supplemental life for you	Monthly cost per \$25,000 supplemental life for your spouse/domestic partner	Calculate your total monthly cost for supplemental life
Under 25	\$ 0.825	\$ 1.500	Enter cost/\$25,000 for your age here <b>1.</b> \$ _____
25-29	\$ 1.000	\$ 1.800	Enter 1 for \$25,000 for yourself here Enter 2 for \$50,000 for yourself here Enter 3 for \$75,000 for yourself here Enter 4 for \$100,000 BAS for yourself here <b>2.</b> _____
30-39	\$ 1.375	\$ 2.425	Multiply line 1 by line 2 and enter the answer here <b>3.</b> \$ _____
40-44	\$ 1.725	\$ 3.050	If you elect supplemental life for your spouse/ domestic partner, enter 0.5 here; if not, enter 0 <b>4.</b> _____
45-49	\$ 2.725	\$ 4.850	Multiply line 2 by line 4 and enter the answer here <b>5.</b> _____
50-54	\$ 4.725	\$ 8.500	Enter cost/\$25,000 for spouse/domestic partner age here <b>6.</b> \$ _____
55-59	\$ 8.425	\$ 15.225	Multiply line 5 by line 6 and enter the answer here <b>7.</b> \$ _____
60-64	\$ 11.200	\$ 20.000	If you elect supplemental life for children, enter \$0.901 here; if not, enter 0 <b>8.</b> \$ _____
65-69	\$ 19.175	\$ 34.350	<b>Add lines 3, 7 and 8 for your total monthly cost here    9.</b> \$ _____
70+	\$ 31.125	\$ 55.725	

### Supplemental accidental death and dismemberment (AD&D) insurance

If you elect this supplemental amount ...	Monthly cost for you	Monthly cost to cover your spouse/domestic partner at 50% of your amount	Monthly cost to cover your spouse/domestic partner at 100% of your amount	Monthly cost to cover all your children at 10% of your amount
\$ 50,000	\$ .85	\$ .43	\$ .85	\$ .25
\$ 100,000	\$ 1.70	\$ .85	\$ 1.70	\$ .50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$ .75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

**Supplemental long-term disability (LTD) insurance = \$5.20 a month**